



NEW SYSTEM QUESTIONNAIRE

State Form 46977 (R2 /6-07)
Indiana Department of Environmental Management (IDEM)

Please return form to: IDEM-Drinking Water Branch or IDEM-NRO in South Bend
100 N. Senate Ave. Mail Code 66-34 220 W. Colfax Ave., Ste. 200
Indianapolis, IN 46204-2251 South Bend, IN 46601
FAX: (317) 308-3340 FAX: (574) 245-4877

or IDEM-SWRO in Petersburg or IDEM-NWRO
P.O. Box 128 8315 Virginia St., Ste. 1
Petersburg, IN 47567 Merrillville, IN 46410
FAX: (812) 380-2304 FAX: (219) 757-0267

SYSTEM NAME:		County:
PHYSICAL FACILITY ADDRESS:		PHONE:
CITY:	STATE: INDIANA	ZIP:

Water Supplied by: Ground Water Surface Water Water Company (Name_____)

Number of Wells:	Depth of Well(s):	Number of Service Connections: (buildings, trailers, units, etc.)	
Population (Residential):	*Population (Transient):	*Population (Non-Transient):	*Number of Entry Points (to distribution system):

Is this Well Seasonal? **YES NO N/A** *If yes, give the dates:* **From To**

Service Areas:

- | | | | | | |
|--|--|---|---|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Day Care Center | <input type="checkbox"/> Office Building | <input type="checkbox"/> Mobile Home Park | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Store |
| <input type="checkbox"/> Recreational Area | <input type="checkbox"/> Service Station | <input type="checkbox"/> Summer Camp | <input type="checkbox"/> Municipality | <input type="checkbox"/> School | <input type="checkbox"/> Airport |
| <input type="checkbox"/> Golf Course | <input type="checkbox"/> Industrial/Agricultural | <input type="checkbox"/> Medical Facility | <input type="checkbox"/> Residential Area | <input type="checkbox"/> Institution | <input type="checkbox"/> Church |
| <input type="checkbox"/> Other, Specify: _____ | <input type="checkbox"/> Subdivision | <input type="checkbox"/> Campground | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Rest Area | |

Type of Ownership:

- ☐ Federal Government ☐ Local Government ☐ Private ☐ Municipal ☐ Native American ☐ State Government ☐ Non-Profit
- ☐ Other, Specify: _____

● **MAILING INFORMATION** (Individual responsible for communication with IDEM via mail.)

ADDRESS:			
CITY:	STATE:	ZIP:	EMAIL:
MAILING NAME (First)	(Last)	MR./MS./MRS.	
MAILING TITLE:	PHONE()	EXT:	

● **OPERATOR INFORMATION** (Individual responsible for operation, maintenance, and sampling.)

ADDRESS:			EMAIL:
CITY:	STATE:	ZIP:	ARE YOU A CERTIFIED OPERATOR? (Y or N):
OPERATOR NAME (First)	(Last)	PHONE ()	EXT:

● **OWNER INFORMATION** (Owner or ultimately responsible party.)

ADDRESS:			EMAIL:
CITY:	STATE:	ZIP:	**FED/IRS ID or SSN:
OWNER NAME (First)	(Last)	PHONE()	EXT:

● **BILLING INFORMATION** (Financial contact for Drinking Water fees. Please provide a year-round address.)

ADDRESS	CITY:	STATE:	ZIP:
BILLING NAME: (First)	(Last)		
TITLE:	PHONE()	EXT:	FAX ()

*An **Entry Point**: The point where the water enters the distribution system; after all treatment (chlorination, softening, etc.), but before entry into the distribution system.

***Transient Population**: An average number of people served daily by a facility (at least 60 days per year)

***Non-Transient Population**: An average number of the same persons which are served regularly by a facility (at least 6 months or 180 days per year)

****FED/IRS ID or SSN**: The federal tax identification number issued by the IRS (ex. 00-1234567) or owner's social security number. This information will remain confidential and will not be disclosed for any reason.

System Name: _____

Comments/Reason For Change:		
Complexity of Treatment: Pressure tank Softener Pressure filtration RO Other _____ (Circle all that apply) Chlorination: Gas Liquid Pellet		
<i>Was Building Construction Date AFTER 10/01/1999?</i> YES NO (Needed For Capacity Development)	<i>Circle one →</i>	System Type: Transient PWS Non-Transient PWS Community PWS
Field Signature:		Date Signed (mm/dd/yy):
Changed By:		Date Changed (mm/dd/yy):

Flow Diagram: Please sketch the water flow from source, through storage, treatment and how the distribution system is set up.